

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155654		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/17/2012	
NAME OF PROVIDER OR SUPPLIER ENGLEWOOD HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2237 ENGLE RD FORT WAYNE, IN 46809			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	<p>This visit was for the Investigation of Complaint IN00108285</p> <p>Complaint IN00108285 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: May 16, 17, 2012</p> <p>Facility number: 000498 Provider number: 155654 AIM number: 100266110</p> <p>Survey team: Tim Long, RN-TC Julie Wagoner, RN Christine Fodrea, RN (05/17/12)</p> <p>Census bed type: SNF/NF: 57 Total: 57</p> <p>Census payor type: Medicare: 03 Medicaid: 46 Other: 08 Total: 57</p> <p>Sample: 06</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>		F0000	<p>The following Plan of Correction constitutes our written allegation of compliance for the deficiencies cited. Submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review completed on May 23, 2012 by Bev Faulkner, RN						

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, record review and interview, the facility failed to ensure residents were transferred safely in accordance with physician orders or facility policy for 2 of 4 residents reviewed for transfer in a sample of 6. (Resident D and Resident A)</p> <p>Finding includes:</p> <p>1. The clinical record for Resident D was reviewed on 05/16/12 at 1:45 P.M. Resident D was admitted to the facility on 12/30/11 with diagnoses, including but not limited to, status post surgical repair of a right fractured tibia and fibula and old traumatic brain injury. Initial assessment indicated the resident was 6 feet 2 inches tall and weighed 239 pounds.</p> <p>The admitting physician's orders, dated 12/30/11, included an order for the resident to be "NWB- RLE" (non-weight bearing on his right leg).</p>		F0323	<p>1. Facility unable to correct alleged deficient practice as Resident D has physician orders for a weight bearing status and Resident A's transfer occurred in the past. 2. All residents have the potential to be affected by the alleged deficient practice. Residents with non weight bearing status to be assessed to ensure proper transfers. 3. Nursing staff in service to be held regarding accurate transfer documentation. In service also to be held on proper use of the mechanical lifts and ensuring proper transfers occur for residents with non weight bearing status. 4. DON/Licensed Designee will monitor nursing documentation to ensure its accuracy of residents transfer status. CNA's will be monitored to ensure proper use of the mechanical lifts. This will occur 3 times a week for 4 weeks then 1 time a week for 4 weeks, then monthly thru Quality Assurance times 4 months. 5. Date of correction: June 16, 2012.</p>		06/16/2012	

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	<p>Physician's orders from the orthopaedic's office on 01/06/12 and 01/27/12 indicated the resident was to remain "NWB- RLE." A physician's order, dated 02/17/12, indicated the resident could now "weight bear for pivots and transfers only in boot."</p> <p>Review of a physical therapy discharge summary form, completed on 01/26/12, indicated the resident had to be discharged from therapy as his cognitive abilities impaired from a prior MVA (motor vehicle accident), did not allow the resident to "respect WB (weight bearing) restrictions."</p> <p>Review of nursing progress notes, dated January 04/2012, indicated the resident "needs mechanical lift for transfers." However, on 01/05/12 at 12:54 P.M., a note documented "needs extensive assist of two staff for transfers." This was again documented on 01/06/12 at 11:21 A.M. On 01/08/12 at 13:06 (1:06 P.M.), staff documented the following: "Needs extensive assist of one staff for transfers...."</p> <p>Interview with LPN #4, on 05/17/12 at 10:15 A.M., indicated "extensive staff assistance of 2" meant two staff had the resident stand and pivot from his bed to the wheelchair. She indicated "extensive staff assistance of 1" meant one staff had</p>						

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	<p>the resident stand and pivot from his bed to the wheelchair.</p> <p>With the resident's cognitive limitations and inability to understand and follow non-weight bearing instructions, nursing staff transferring the resident without the mechanical lift could not ensure the resident did not bear weight on his injured, healing right leg.</p> <p>2. Resident A's clinical record was reviewed on 5/17/12 at 9:00 A.M. The record indicated the resident was admitted to the facility on 1/5/12. A transfer assessment completed on 5/11/12 indicated the resident required more than 2 staff for bed mobility and a total lift was required for safe transfers.</p> <p>An observation on 5/17/12 at 11:40 A.M., was made of Certified Nursing Assistant's (CNA)'s #5 and #6 transferring Resident A from her bed to a Broda chair using a Hoyer (EZ Lift brand) mechanical lift. The CNA's did not lock the Broda chair when they transferred the resident using the Hoyer lift to the chair.</p> <p>An observation on 5/17/12 at 1:00 P.M., was made of CNA's #5 and #6 transferring Resident A from her Broda chair to her bed for incontinence care. The CNA's did not lock the Broda chair during</p>						

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	<p>the transfer from the Broda chair to the bed.</p> <p>An interview with CNA #5 on 5/17/12 at 1:10 P.M., indicated they are always to lock the brakes on the Broda chair during transfers and she assumed the other CNA had put the brakes on during the transfers.</p> <p>An interview with the Director of Nursing (DN) on 5/17/12 at 1:40 P.M., indicated when staff are transferring a resident from a Broda chair to a bed the policy states staff may leave the chair unlocked to move the chair, and that is why there are always two staff present.</p> <p>Review of the facility policy "Transfers/Positioning Hoyer Lift," revised 10/2005, indicated under procedure #8, "If transferring to a chair, wheelchair, shower chair, etc. position at the head of the bed about one foot from the bed if possible. Be sure to lock the wheels for safety, if indicated."</p> <p>3.1-45(a)(2)</p>						